

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-046586**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **128**

**JAN 8 1963**

Primary Registration District No. **100**

Registrar's No. **1881**

VS 300  
Rev. 4/59

**10397**

**20397**

3

4 **0**

5 **1**

6

7 **0**

8 **2**

**9420.1**

10

11

**1240**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
Length of stay in 1b <b>43 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>671 S. Kimbrough</b>	
3. NAME OF DECEASED (Type or print) First <b>CLAUD</b> Middle <b>LEE</b> Last <b>MOORE</b>		4. DATE OF DEATH Month <b>December</b> Day <b>20</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/24/1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco Railroad Protom, Missouri</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William W. Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Burnett</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruth Pearl Moore</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>671 S. Kimbrough</b> <b>Mrs. Ruth P. Moore, Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1950</b>		20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>	
20g. COUNTY <b>Greene County, Missouri</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <b>3:35 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>E. Lemmon MD</b> (Degree or title)	
22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>12-22-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-22-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Springfield, Mo.</b>		23e. REGISTRAR'S SIGNATURE <b>Effie S. Meltan</b>	
24. FUNERAL DIRECTOR <b>Ralph Thieme, 1200 Boonville</b>		25. DATE RECD. BY LOCAL REG. <b>12-28-62</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 9 1963

MAR 11 1963

Permit No. 21,1562

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas L. Strauss

Licensed Embalmer No. 5164

P. O. Address Spft. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.